

January Commission Meeting Discussion Guide

Alaska Health Care Commission
January 8, 2010

Commission Status & Next Steps

- January 8: Meeting to Consider Public Comments, and Finalize/Approve Findings and Recommendations
- January 14: Vote to Approve Final Version of Report? E-Mail or Teleconference?
- January 15: Final Report Transmitted to Gov & Leg

Commission Status & Next Steps

- **Late January:** Joint House & Senate HSS Committee Presentation on Commission Report
- **January 19 – April 18:**
 - Legislature Considers Pending Bills to Establish Commission in Statute
 - ? Monthly Teleconferences of Commission to wrap-up pending business, discuss status of implementation of recommendations, track national reform, and prioritize 2010 work?
- **April 30:** Member Appt.s to A.O. 246 AHCC Expire

Commission Status & Next Steps

■ If Commission Established in Statute

- Governor Parnell will appoint members (except legislative)
 - Existing members (and E.D.) will reapply (unless transition clause included)
 - Expect rapid process so momentum from A.O. 246 not lost
- 1st Meeting of “new” group hopefully no later than May

■ If No Commission Bill Passes

- DHSS:
 - will track implementation of 2009 AHCC recommendations
 - May begin testing some of the strategies proposed in Part IV

General and Part I-II Comments

- Good report; Identifies major issues in AK health care delivery; Support Commission; Agree with most findings and recommendations (several commenters)
- Community Health Center model aligns with the Commission's vision and goals
- Need to understand costs – where do all the \$\$\$s go?
- Alaska is one of few states with the resources to tackle health care reform
- Severity of mental health and substance abuse problems in Alaska is a public health issue

Comments Relevant to Part IV

- Plan should also address oral health status and dental service needs (3 comments received to this effect)
- Has the Commission reviewed the ACS report on Alaska's Trauma System?
- Medevac costs for Skagway are high – community working on innovative insurance solution
- Explore development of Accountable Care Organizations
- Should address ways to get the disparate healthcare systems in Alaska to work together better

Comments Relevant to Part IV

- Commission should advocate for adoption of “Lean” Management Systems in hospitals and health care settings and for provision of funding and technical support
- Commission should examine the Adverse Childhood Experiences Study conducted by Kaiser Permanente

Role of Consumers

- Recognition of the role of chronic disease in driving health care costs is good, but should give more attention to the role of and need for public support of the governmental public health system
- Recognition of the role of chronic disease in driving health care costs is good, but don't go overboard in overemphasizing personal responsibility
- Should include discussion of how community infrastructure and culture (e.g. road design, rec facilities, food choices) contribute to unhealthy lifestyles

Role of Consumers

- Community Health Center model aligns with Commission's patient-centered care model – currently working DHSS on Medicaid pilot for medical home model
- Consider including the recommendation made by the AK Health Care Strategies Planning Council for state support of Community Health Centers

Vote to Approve Final Finding and Recommendation Statements

Statewide Leadership

- Commission membership should include
 - A Registered Nurse
 - A Primary Care Provider
 - A Primary Care Safety Net Provider
- Support the recommendation for a statewide health planning body (3 commenters)
- Once established in statute the statewide body should engage local government (especially Anchorage Health Commission)

Vote to Approve Final Finding and Recommendation Statements

Health Workforce Development

- Agree with workforce as a priority – there are severe shortages in other health professions, not just physicians – including human service workers
- Add a finding stating we will never be able to grow enough of our own workforce to meet our need, and so will have to import workers from out of state
- Need mechanism to sustain focus on workforce assessment, planning and implementation
- Add a recommendation to investigate the licensing process – for which professions are there long delays and why and how is it impacting recruitment?
- Add a recommendation to encourage innovative paraprofessional provider types for non-Tribal system

Health Workforce Development

- Should include psychiatrists and general surgeons along with primary care doctors as specialties for which Alaska is experiencing a shortage (2 commenters)
- Support loan repayment/financial incentive program recommendation; Emphasize that it is the most effective approach and most immediate solution to problem (2+)
- Residency programs are the way to increase physician supply (3 commenters – 1 noting need for psychiatric residency specifically)

Health Workforce Development

- Agree with physician shortage findings and recommendations, but in future address distribution in addition to supply; and should consider supervisory responsibilities of physicians for mid-levels, paraprofessionals, and support staff in determination of needed physician supply
- It's a little too early for second expansion of WWAMI – teaching staff resources are spread a little thin - the program needs time to adjust to recent doubling

Health Workforce Development

- WWAMI pay-back provision will be problematic (noted by 22 commenters)
 - Students already pay tuition over and above state contribution and already have sizeable debt burden
 - State contribution is not a special student subsidy like a scholarship or loan – it's the state's share of supporting the school such as the state general fund \$s that support UAA
 - Recent data indicates downturn in AK WWAMI applicants – may be due to 50% pay-back provision (JRH 2008 article). Wyoming WWAMI is the only other medical school in the nation with a similar pay-back provision, and they are experiencing a significant decrease in applicants
 - Pathman data indicates that requiring an obligation at the beginning of education is the least effective recruitment tool

Health Workforce Development

- *CONTINUED:* WWAMI pay-back provision will be problematic (noted by 22 commenters)
 - Everyone (commenting) has same goal as Commission – to increase recruitment of primary care doctors – but this strategy will have the opposite impact – will lose most qualified applicants, and will drive students to select high-salary specialties to pay off significantly higher debt burden
 - WWAMI already has the highest proportion of medical school graduates going into primary care
 - Alaska is already facing competition for primary care doctors with all other states that have loan repayment programs
 - Commission should instead focus on increasing in-state training (GME) to increase supply of primary care physicians
 - This provision is unjust, discriminates against medical students, and is unnecessary
 - Other specialties are needed too

Vote to Approve Final Finding and Recommendation Statements

Health Information Technology

- *Note: Alaska eHealth Network just awarded statewide HIE contract by DHSS*
- The biggest concern for private doctors is the cost of new EHR systems. The Alaska EHR Alliance is helping with this by vetting vendors and are currently negotiating a reduced price package with two national vendors. State investment would be helpful.

Vote to Approve Final Finding and Recommendation Statements

Medicare Access

- Primary care innovation will help with Medicare access – the Commission should also focus on meeting the needs of the Medicare population better, e.g., need for gerontologists
- Agree with strategy to improve supply of primary care providers to address Medicare access problem
- Disagree with 3rd bullet of Recommendation E(a) (WWAMI pay-back)
- Agree with PACE recommendation
- Should include recommendation that the state support continuation and increase of the \$350,000 Community Health Center Senior Access Program

Vote to Approve Final Finding and Recommendation Statements

Part V – Strategic Plan

■ 5-Year Planning Framework

- I. Develop Vision
- II. Accurately Describe Current System
- III. Build the Foundation
- IV. Design Transformation Elements
- V. Measure Progress
- VI. Engage Public & Stakeholders

Part V – Strategic Plan

■ 2010 Commission Workplan

- Analyze Costs: Pricing and Cost Shifting
- Analyze Impact of National Reform
- Track Implementation of 2009 Recommendations
- Implement 2009 Recommendations Requiring Commission Action
- Prioritize, Analyze and Develop Recommendations on Additional Issues/Strategies
- Implement Communication Plan
- Develop Evaluation Plan for Tracking Performance of Alaska's Health Care System

Part V – Strategic Plan

- Action Plan for 2009 Recommendations
 - Are you comfortable with including this section?
 - Do you have suggested changes?

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**FINAL QUESTIONS?
COMMENTS?**